

- FACULTY
- STAFF
- RETIREE

- UNDERGRADUATE
- GRADUATE

## TENNESSEE BOARD OF REGENTS FEE WAIVER AUTHORIZATION AND INVOICE

SELECT COURSE TYPE FROM THIS LIST:

- TN eCAMPUS (FORMERLY RODP)
- ONLINE CLASSES

BILLING ADDRESS:

The University of Tennessee Health Science Center  
 Department of Human Resources  
 Attn: Benefits Department  
 910 Madison Ave, Suite 753  
 Memphis, TN 38163

**SERVICES AUTHORIZED FOR:**

NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

UT PERSONNEL NUMBER \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

Course No.	Section No.	Course Title	Begin Date	End Date	Hours	Authorized Amount (HR USE ONLY)
<b>Totals</b>						
<b>Separate Invoice</b>						<input type="checkbox"/>

This authorization is for registration at \_\_\_\_\_ for the \_\_\_\_\_ term/semester, 20\_\_\_\_ **ONLY**. This authorization is for the course(s) named above. In the event there are changes in the course(s) described above, the supervisor must be informed and approve of the changes documented and emailed, hand delivered or mailed to 1.) Human Resources, 910 Madison Avenue, Suite 753 Memphis, TN 38163 and 2.) The school the employee is attending. The employee agrees to reimburse the Educational Assistance account for failure to complete the course(s) or undocumented changes. In addition, the employee authorizes the school at which these courses are taken to provide to UT Human Resources a copy of their grades at the end of the session.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE** **DATE** **PHONE NUMBER/EXTENSION**

**EDUCATIONAL ASSISTANCE APPROVALS**

I certify the following as required by the Educational Assistance Policy, Personnel Policy HR 330 and Procedure Manual, Section III, that the above employee is a regular full time employee or regular part-time (50% or greater) or eligible retiree, and is eligible to participate under the revised guidelines.

**AUTHORIZATION IS HEREBY GRANTED FOR THE ABOVE COURSE(S) IF OFFERED AS SCHEDULED.**

\_\_\_\_\_  
 (Approval of Supervisor) Date

\_\_\_\_\_  
 (Signature of Approving Officer- HR) Date

\_\_\_\_\_  
 (Approval of Department Chairman or Director) Date

\_\_\_\_\_  
 (Budget Approval) Date

The University of Tennessee Health Science Center  
**CERTIFICATE OF INTENT**

I understand that through my participation in the Fee Waiver Educational Assistance Program, I am assuming certain obligations and responsibilities to The University of Tennessee Health Science Center.

I have read and understand the following statements and I agree that:

- A. Should I fail to pass the course(s), or
- B. Should I, of my own volition, fail to complete the above course(s) listed on the Fee Waiver Form, or
- C. Should I terminate my employment prior to the completion of the course(s), or
- D. Should I receive educational assistance from any other source for these charges (such as Veteran's benefits, etc.)
- E. I am responsible for forwarding my approved educational assistance forms to my institution

I understand that I am obligated to reimburse UTHSC in the amount of tuition waived and will be ineligible for the Fee Waiver until that obligation has been met. **I authorize the institution in which I am enrolled, to furnish a copy of my grades to the UTHSC Benefits office within thirty (30) days of completion of the course(s).** Failure to meet the conditions above requires full repayment for the amount of tuition waived by money order or payroll deduction, which I hereby authorize.

**\*PLEASE PRINT BELOW\***

**NAME** \_\_\_\_\_ **PERSONNEL NO.** \_\_\_\_\_

**DEPARTMENT** \_\_\_\_\_ **JOB TITLE** \_\_\_\_\_ **OFFICE PHONE** \_\_\_\_\_

**UTHSC MAILING ADDRESS** \_\_\_\_\_ **UT EMAIL** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

Are you eligible for student benefits as a veteran?      Yes       No

Do you receive or plan to request such assistance?      Yes       No

How is this course beneficial to your present job or one in which you may be promoted at UTHSC? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Anticipated Graduation Date** \_\_\_\_\_

\*Please attach a copy of the course description **UPON REQUEST**

\*Any course dropped **AFTER** the 100% refund date will require reimbursement to UTHSC.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_